

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

317 547 1256
FILED MAY 3 1963

=63-018547

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Richmond Heights		c. CITY OR TOWN Richmond Heights	
Length of stay in 1b 5 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 1031a Claytonia Terr.		d. STREET ADDRESS (If outside, give location) 1031a Claytonia Terr.	
3. NAME OF DECEASED (Type or print) First IONA Middle MAY Last HUGHES		4. DATE OF DEATH Month April Day 13 Year 1963	
5. SEX Female	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-26-94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (City and state or country) Akron, Ohio		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Abraham L. Goodhart		13b. MOTHER'S MAIDEN NAME Ellen (unk)	
14. NAME OF HUSBAND OR WIFE Ralph E.		Address 1031a Claytonia Terr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Robt. W. Hughes		Address 1031a Claytonia Terr.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1957 to 1963 and last saw her alive on 6-27-61 Death occurred at 6:32 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul D. Hageman MD		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 4/15/63		22d. NAME OF CEMETERY OR CREMATORY Paoli, Pa.	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 4/16/1963	
23c. NAME OF CEMETERY OR CREMATORY Great Valley Pbt. Church Yard		23d. LOCATION (City, town, or county) (State) Paoli, Pa.	
24. FUNERAL DIRECTOR Berger Memorial		ADDRESS 4715 McPherson	
25. DATE RECD. BY LOCAL REG. 4-15-63		26. REGISTRAR'S SIGNATURE [Signature]	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Seibner J. K. W.

Licensed Embalmer No.

3988

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.